

Department of the Treasury — Internal Revenue Service		(99) IRS Use Only — Do not write or staple in this space.																														
Form 1040 U.S. Individual Income Tax Return 2005																																
For the year Jan 1 - Dec 31, 2005, or other tax year beginning , 2005, ending , 20		OMB No. 1545-0074																														
Label (See instructions.) Use the IRS label. Otherwise, please print or type. Presidential Election Campaign	Your first name MI Last name		Your social security number																													
	SUSANA M SERRANO CAPELLAN		584-43-5551																													
	If a joint return, spouse's first name MI Last name		Spouse's social security number																													
	MANUEL R DURAN PIMENTEL		583-78-4879																													
Home address (number and street). If you have a P.O. box, see instructions. Apartment no.		You must enter your social security number(s) above. ▲																														
2524 PRESERVE CT																																
City, town or post office. If you have a foreign address, see instructions. State ZIP code		Checking a box below will not change your tax or refund.																														
MULBERRY FL 33860																																
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund? (see instructions)		<input type="checkbox"/> You <input type="checkbox"/> Spouse																														
Filing Status	1 <input type="checkbox"/> Single 2 <input checked="" type="checkbox"/> Married filing jointly (even if only one had income) 3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above & full name here . . . 4 <input type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here . . . 5 <input type="checkbox"/> Qualifying widow(er) with dependent child (see instructions)																															
	Check only one box.																															
Exemptions	6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a b <input checked="" type="checkbox"/> Spouse																															
	c Dependents: <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>(1) First name</th> <th>Last name</th> <th>(2) Dependent's social security number</th> <th>(3) Dependent's relationship to you</th> <th>(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see instrs)</th> <th>No. of children on 6c who: • lived with you • did not live with you due to divorce or separation (see instrs)</th> </tr> </thead> <tbody> <tr> <td>JOHANSEN</td> <td>DURAN SERRANO</td> <td>599-52-8931</td> <td>Son</td> <td><input checked="" type="checkbox"/></td> <td>2</td> </tr> <tr> <td>CARLOS M</td> <td>HIDALGO</td> <td>596-09-5217</td> <td>Son</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td></td> </tr> </tbody> </table> d Total number of exemptions claimed 4			(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see instrs)	No. of children on 6c who: • lived with you • did not live with you due to divorce or separation (see instrs)	JOHANSEN	DURAN SERRANO	599-52-8931	Son	<input checked="" type="checkbox"/>	2	CARLOS M	HIDALGO	596-09-5217	Son	<input type="checkbox"/>						<input type="checkbox"/>						<input type="checkbox"/>
(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see instrs)	No. of children on 6c who: • lived with you • did not live with you due to divorce or separation (see instrs)																											
JOHANSEN	DURAN SERRANO	599-52-8931	Son	<input checked="" type="checkbox"/>	2																											
CARLOS M	HIDALGO	596-09-5217	Son	<input type="checkbox"/>																												
				<input type="checkbox"/>																												
				<input type="checkbox"/>																												
Income	7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 26,032. 8a Taxable interest. Attach Schedule B if required 8a 74. b Tax-exempt interest. Do not include on line 8a 8b 9a Ordinary dividends. Attach Schedule B if required 9a b Qualified divs (see instrs) 9b 10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions) 10 11 Alimony received 11 12 Business income or (loss). Attach Schedule C or C-EZ 12 3,358. 13 Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here 13 14 Other gains or (losses). Attach Form 4797 14 15a IRA distributions 15a b Taxable amount (see instrs) 15b 16a Pensions and annuities 16a b Taxable amount (see instrs) 16b 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17 18 Farm income or (loss). Attach Schedule F 18 19 Unemployment compensation 19 20a Social security benefits 20a b Taxable amount (see instrs) 20b 21 Other income 21 22 Add the amounts in the far right column for lines 7 through 21. This is your total income. 22 29,464.																															
	Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a W-2, see instructions. Enclose, but do not attach, any payment. Also, please use Form 1040-V.																															
Adjusted Gross Income	23 Educator expenses (see instructions) 23 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24 25 Health savings account deduction. Attach Form 8889 25 26 Moving expenses. Attach Form 3903 26 27 One-half of self-employment tax. Attach Schedule SE 27 237. 28 Self-employed SEP, SIMPLE, and qualified plans 28 29 Self-employed health insurance deduction (see instructions) 29 30 Penalty on early withdrawal of savings 30 31a Alimony paid b Recipient's SSN 31a 32 IRA deduction (see instructions) 32 33 Student loan interest deduction (see instructions) 33 80. 34 Tuition and fees deduction (see instructions) 34 35 Domestic production activities deduction. Attach Form 8803 35 36 Add lines 23 - 31a and 32 - 35 36 317. 37 Subtract line 36 from line 22. This is your adjusted gross income 37 29,147.																															

Tax and Credits**Standard Deduction for —**

• People who checked any box on line 39a or 39b or who can be claimed as a dependent, see instructions.

• All others:

Single or Married filing separately, \$5,000

Married filing jointly or Qualifying widow(er), \$10,000

Head of household, \$7,300

38	Amount from line 37 (adjusted gross income)	38	29,147.
39a	Check if: <input type="checkbox"/> You were born before January 2, 1941, <input type="checkbox"/> Spouse was born before January 2, 1941, <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> 39a		
	b If your spouse itemizes on a separate return, or you were a dual-status alien, see instructions and check here <input type="checkbox"/> 39b		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	10,000.
41	Subtract line 40 from line 38	41	19,147.
42	If line 38 is over \$109,475, or you provided housing to a person displaced by Hurricane Katrina, see instructions. Otherwise, multiply \$3,200 by the total number of exemptions claimed on line 6d	42	12,800.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	6,347.
44	Tax (see instrs). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	44	633.
45	Alternative minimum tax (see instructions). Attach Form 6251	45	
46	Add lines 44 and 45	46	633.
47	Foreign tax credit. Attach Form 1116 if required	47	
48	Credit for child and dependent care expenses. Attach Form 2441	48	
49	Credit for the elderly or the disabled. Attach Schedule R	49	
50	Education credits. Attach Form 8863	50	546.
51	Retirement savings contributions credit. Attach Form 8880	51	
52	Child tax credit (see instructions). Attach Form 8901 if required	52	87.
53	Adoption credit. Attach Form 8839	53	
54	Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8859	54	
55	Other credits. Check applicable box(es): a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Form	55	
56	Add lines 47 through 55. These are your total credits	56	633.
57	Subtract line 56 from line 46. If line 56 is more than line 46, enter -0-	57	0.

Other Taxes

58	Self-employment tax. Attach Schedule SE	58	474.
59	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	59	
60	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	60	
61	Advance earned income credit payments from Form(s) W-2	61	
62	Household employment taxes. Attach Schedule H	62	
63	Add lines 57-62. This is your total tax	63	474.

Payments

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	64	3,150.
65	2005 estimated tax payments and amount applied from 2004 return	65	
66a	Earned income credit (EIC)	66a	1,703.
	b Nontaxable combat pay election <input type="checkbox"/> 66b		
67	Excess social security and tier 1 RRTA tax withheld (see instructions)	67	
68	Additional child tax credit. Attach Form 8812	68	913.
69	Amount paid with request for extension to file (see instructions)	69	
70	Payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885	70	
71	Add lines 64, 65, 66a, and 67 through 70. These are your total payments	71	5,766.

Refund

Direct deposit? See instructions and fill in 73b, 73c, and 73d.

72	If line 71 is more than line 63, subtract line 63 from line 71. This is the amount you overpaid	72	5,292.
73a	Amount of line 72 you want refunded to you	73a	5,292.
	b Routing number 063000021 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number 1010087215564		
74	Amount of line 72 you want applied to your 2006 estimated tax	74	

Amount You Owe

75	Amount you owe. Subtract line 71 from line 63. For details on how to pay, see instructions	75	
76	Estimated tax penalty (see instructions)	76	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ Yes. Complete the following. ☒ No

Sign Here

Joint return? See instructions.

Keep a copy for your records.

Preparer's name	Phone no.	Personal identification number (PIN)
Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
Your signature	Date	Your occupation
<i>[Signature]</i>	4/4/06	ACCOUNTING
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation
<i>[Signature]</i>	4/4/06	CONSTRUCTION LABOR

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP code	Self-Prepared		
	EIN		
	Phone no.		

Form **1040** U.S. Individual Income Tax Return **2006** (99) IRS Use Only—Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 2006, or other tax year beginning 2006, ending 20 OMB No. 1545-0074

Label
(See instructions on page 16.)
Use the IRS label. Otherwise, please print or type.

Label Here	Your first name and initial MANUEL R	Last name DURAN
	If a joint return, spouse's first name and initial SUSANA M	Last name SERRANO
	Home address (number and street). If you have a P.O. box, see page 16. Apt. no.	
	2425 PRESERVE COURT	
	City, town or post office, state, and ZIP code. If you have a foreign address, see page 16. MULBERRY, FL 33860-0000	

Your social security number
583-78-4879
Spouse's social security number
584-43-5551
You must enter
▲ your SSN(s) above. ▲

Checking a box below will not change your tax or refund.

Presidential

Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 16) ☐ You ☐ Spouse

Filing Status

Check only one box.

- 1 ☐ Single 4 ☐ Head of household (with qualifying person). (See page 17.)
If the qualifying person is a child but not your dependent, enter this child's name here. ▶
2 ☒ Married filing jointly (even if only one had income)
3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶ 5 ☐ Qualifying widow(er) with dependent child. (see page 17)

Exemptions

If more than four dependents, see page 19.

6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a	Boxes checked on 6a and 6b	2
b <input checked="" type="checkbox"/> Spouse	No. of children on 6c who:	
c Dependents:	(1) First Name Last Name (2) Dependent's social security number (3) Dependent's relationship to you (4) <input checked="" type="checkbox"/> If qualifying child for child tax credit (see pg 19)	• lived with you 1 • did not live with you due to divorce or separation (see page 20) 0 Dependents on 6c not entered above 2 Add numbers on lines above 5
d Total number of exemptions claimed		

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see page 23.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

7 Wages, salaries, tips, etc. Attach Form(s) W-2	7	27982
8a Taxable interest. Attach Schedule B if required	8a	166
b Tax-exempt interest. Do not include on line 8a.	8b	
9a Ordinary dividends. Attach Schedule B if required	9a	
b Qualified dividends (see page 23)	9b	
10 Taxable refunds, credits, or offsets of state and local income taxes (see page 24)	10	
11 Alimony received	11	
12 Business income or (loss). Attach Schedule C or C-EZ	12	
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13	
14 Other gains or (losses). Attach Form 4797	14	
15a IRA distributions	15a	
b Taxable amount (see page 25)	15b	
16a Pensions and annuities	16a	
b Taxable amount (see page 26)	16b	
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18 Farm income or (loss). Attach Schedule F	18	
19 Unemployment compensation	19	
20a Social security benefits	20a	
b Taxable amount (see page 27)	20b	
21 Other income. List type and amount (see page 29)	21	
22 Add the amounts in the far right column for lines 7 through 21. This is your total income	22	28148
23 Archer MSA deduction. Attach Form 8853	23	
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25 Health savings account deduction. Attach Form 8889	25	
26 Moving expenses. Attach Form 3903	26	
27 One-half of self-employment tax. Attach Schedule SE	27	
28 Self-employed SEP, SIMPLE and qualified plans	28	
29 Self-employed health insurance deduction (see page 29)	29	
30 Penalty on early withdrawal of savings	30	
31a Alimony paid. b Recipient's SSN	31a	
32 IRA deduction (see page 31)	32	
33 Student loan interest deduction (see page 33)	33	
34 Jury duty pay you gave to your employer	34	
35 Domestic production activities deduction. Attach Form 8803	35	
36 Add lines 23 through 31a and 32 through 35.	36	
37 Subtract line 36 from line 22. This is your adjusted gross income	37	28148

Adjusted Gross Income

Tax and**Credits****Standard****Deduction****for -****• People who****checked any****box on line****39a or 39b or****who can be****claimed as a****dependent,****see page 34.****• All others:****Single or****Married filing****separately.****\$5,150****Married filing****jointly or****Qualifying****widow(er),****\$10,300****Head of****household.****\$7,550**

38 Amount from line 37 (adjusted gross income)

38

28148

39a Check

☐

You were born before January 2, 1942.

☐

Blind.

Total boxes

☐

if:

☐

Spouse was born before January 2, 1942.

☐

Blind.

checked ▶ 39a

☐

b If your spouse itemizes on a separate return or you were a dual-status alien, see page 34 and check here . . . ▶ 39b

☐

40 Itemized deductions (from Schedule A) or your standard deduction (see left margin)

40

17187

41 Subtract line 40 from line 38

41

10961

42 If line 38 is over \$112,875, or you provided housing to a person displaced by Hurricane Katrina, see page 36. Otherwise, multiply \$3,300 by the total number of exemptions claimed on line 6d.

42

16500

43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-

43

0

44 Tax (See page 36). Check if any tax is from: a ☐ Form(s) 8814 b ☐ Form 4972

44

45 Alternative minimum tax. (see page 39). Attach Form 6251

45

46 Add lines 44 and 45

46

47 Foreign tax credit. Attach Form 1116 if required

47

48 Credit for child and dependent care expenses. Attach Form 2441

48

49 Credit for the elderly or the disabled. Attach Schedule R

49

50 Education credits. Attach Form 8863

50

51 Retirement savings contributions credit. Attach Form 8880

51

52 Residential energy credits. Attach Form 5695

52

53 Child Tax credit (see page 42). Attach Form 8901 if required

53

54 Credits from: a ☐ Form 8396 b ☐ Form 8839 c ☐ Form 8859

54

55 Other Credits a ☐ Form 3800 b ☐ Form 8801 c ☐ Form

55

56 Add line 47 through 55. These are your total credits

56

57 Subtract line 56 from line 46. If line 56 is more than line 46, enter -0-

57

0

58 Self-employment tax. Attach Schedule SE

58

59 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137

59

60 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required

60

61 Advance earned income credit payments from Form(s) W-2, box 9

61

62 Household employment taxes. Attach Schedule H

62

63 Add lines 57 through 62. This is your total tax

63

0

64 Federal income tax withheld from Forms W-2 and 1099

64

2935

65 2006 estimated tax payments and amount applied from 2005 return

65

66a Earned income credit (EIC)

66a

939

b Nontaxable combat pay election ▶ 66b

66b

67 Excess social security and tier 1 RRTA tax withheld (see page 60)

67

68 Additional child tax credit. Attach Form 8812

68

1000

69 Amount paid with request for extension to file (see page 60)

69

70 Payments from: a ☐ Form 2439 b ☐ Form 4136 c ☐ Form 8885

70

71 Credit for federal telephone excise tax paid. Attach Form 8813 if required

71

60

72 Add lines 64, 65, 66a, and 67 through 71. These are your total payments

72

4934

73 If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpaid

73

4934

74a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here . . . ▶ ☐

74a

4934

▶ b Routing number 063000021 c Type: ☒ Checking ☐ Savings

▶ d Account number 1010087215564

75 Amount of line 73 you want applied to your 2007 estimated tax . . . ▶ 75

75

76 Amount you owe. Subtract line 72 from line 63. For details on how to pay, see page 62 . . . ▶ 76

76

77 Estimated tax penalty (see page 62.) . . . ▶ 77

77

Other**Taxes****Payments**

If you have a

qualifying

child, attach

Schedule EIC.

Refund

Direct

deposit? See

page 61 and

fill in 74b,

74c, and 74d

or Form 8888.

Third Party**Designee**Do you want to allow another person to discuss this return with the IRS (see page 63)? ☒ Yes. Complete the following. ☐ No

Designee's

name ▶ PREPARER

Phone

no. ▶

Personal identification

number (PIN) ▶

Sign**Here**

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? ▶

Your signature

Date

Your occupation

Daytime phone number

See page 17. ▶

863-648-2483

Keep a copy for

Spouse's signature. If a joint return, both must sign.

Date

Spouse's occupation

your records. ▶

Preparer's

signature ▶

Date

03/22/07

Check if

self-employed ☐

Preparer's SSN or PTIN

046-74-6037

Paid

Preparer's

Use Only

Firm's name (or your

if self-employed)

address, and ZIP code

CRUZ AND CRUZ ACCOUNTING CORP

5015 W WATERS AVE STE F

TAMPA, FL 33634-

EIN 20-0583859

Phone no. 813-882-3400

Form 1040 U.S. Individual Income Tax Return **2007** (99) IRS Use Only-Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 2007, or other tax year beginning _____, 2007, ending _____, 20 _____ OMB No. 1545-0074

Name _____ **Spouse's Name (if Joint Return)** _____ **Home Address** _____ **City, State, and ZIP Code** _____

Your social security number _____

Spouse's social security no. _____

You must enter your SSN(s) above.

2524 PRESERVE COURT
Mulberry FL 33860-

Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see instructions) ☐ You ☐ Spouse

Filing Status

1 ☐ Single 4 ☐ Head of household (with qualifying person). (See instructions.)

2 ☒ Married filing jointly (even if only one had income) If the qualifying person is a child but not your dependent, enter this child's name here. ▶

3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶ 5 ☐ Qualifying widow(er) with dependent child (see instructions)

Exemptions

6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a

b ☒ Spouse

c **Dependents:**

(1) First name	Last name	(2) Dependent's social security no.	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> If qualifying child for child tax credit (see instr.)
JOHANSSSEN	DURAN	599-52-8931	SON	<input checked="" type="checkbox"/>
NIZA	DURAN	596-28-1131	NIECE	<input type="checkbox"/>
MARIA	CAPELLAN	584-45-8508	PARENT	<input type="checkbox"/>
EUGENIO	SERRANO	114-48-8734	PARENT	<input type="checkbox"/>

Boxes checked on

6a and 6b No. of children on 6c who:

- lived with you 2

- did not live with you due to divorce or separation (see instr.) 0

Dependents on 6c not entered above 2

Add numbers on lines above 6

d Total number of exemptions claimed 6

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 26,419.

8a Taxable interest. Attach Schedule B if required 8a

b Tax-exempt interest. Do not include on line 8a 8b

9a Ordinary dividends. Attach Schedule B if required 9a

b Qualified dividends (see instructions) 9b

10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions) 10

11 Alimony received 11

12 Business income or (loss). Attach Schedule C or C-EZ 12 (731.)

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐ 13

14 Other gains or (losses). Attach Form 4797 14

15a IRA distributions 15a b Taxable amount (see instr.) 15b

16a Pensions and annuities 16a b Taxable amount (see instr.) 16b

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17

18 Farm income or (loss). Attach Schedule F 18

19 Unemployment compensation 19

20a Social security benefits 20a b Taxable amount (see instr.) 20b

21 Other income. List type and amount (see instr.) 21

22 Add the amounts in the far right column for lines 7 through 21. This is your total income 22 25,688.

Adjusted Gross Income

23 Educator expenses (see instructions) 23

24 Certain business expenses of reservists, performing artists, and fee-basis gov. officials. Attach Form 2106 or 2106-EZ 24

25 Health savings account deduction. Attach Form 8889 25

26 Moving expenses. Attach Form 3903 26

27 One-half of self-employment tax. Attach Schedule SE 27

28 Self-employed SEP, SIMPLE, and qualified plans 28

29 Self-employed health insurance deduction (see instr.) 29

30 Penalty on early withdrawal of savings 30

31a Alimony paid b Recipient's SSN ▶ 31a

32 IRA deduction (see instructions) 32

33 Student loan interest deduction (see instructions) 33

34 Tuition and fees deduction. Attach Form 8917 34

35 Domestic production activities deduction. Attach Form 8903 35

36 Add lines 23 through 31a and 32 through 35 36

37 Subtract line 36 from line 22. This is your adjusted gross income 37 25,688.

Tax and Credits**Standard Deduction for -**

• People who checked any box on line 39a or 39b or who can be claimed as a dependent, see instr.

• All others:
Single or Married filing separately, \$5,350

Married filing jointly or Qualifying widow(er), \$10,700

Head of household, \$7,850

38	Amount from line 37 (adjusted gross income)	38	25,688.
39a	Check <input type="checkbox"/> You were born before Jan. 2, 1943, <input type="checkbox"/> Blind. <input type="checkbox"/> Total boxes checked <input type="checkbox"/> 39a		
	if: <input type="checkbox"/> Spouse was born before Jan. 2, 1943, <input type="checkbox"/> Blind.		
b	If your spouse itemizes on a separate return or you were a dual-status alien, see instructions and check here <input type="checkbox"/> 39b		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	17,431.
41	Subtract line 40 from line 38	41	8,257.
42	If line 38 is \$117,300 or less, multiply \$3,400 by the total number of exemptions claimed on line 6d. If line 38 is over \$117,300, see the worksheet in the instructions	42	20,400.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	0
44	Tax (see instr.). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/> Form(s) 8889	44	
45	Alternative minimum tax (see instructions). Attach Form 6251	45	
46	Add lines 44 and 45	46	
47	Credit for child and dependent care exp. Attach Form 2441	47	
48	Credit for the elderly or the disabled. Attach Schedule R	48	
49	Education credits. Attach Form 8863	49	
50	Residential energy credits. Attach Form 5695	50	
51	Foreign tax credit. Attach Form 1116 if required	51	
52	Child tax credit (see instr.). Attach Form 8901 if required	52	
53	Retirement savings contributions credit. Attach Form 8880	53	
54	Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8859 c <input type="checkbox"/> Form 8839	54	
55	Other credits: a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Form	55	
56	Add lines 47 through 55. These are your total credits	56	
57	Subtract line 56 from line 46. If line 56 is more than line 46, enter -0-	57	

Other Taxes

58	Self-employment tax. Attach Schedule SE	58	
59	Unreported social security and Medicare tax from: a <input type="checkbox"/> Form 4137 b <input type="checkbox"/> Form 8919	59	
60	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	60	
61	Advance earned income credit payments from Form(s) W-2, box 9	61	
62	Household employment taxes. Attach Schedule H	62	
63	Add lines 57 through 62. This is your total tax	63	

Payments

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	64	2,084.
65	2007 estimated tax pymts and amt applied from 2006 return	65	
66a	Earned income credit (EIC)	66a	2,971.
b	Nontaxable combat pay election <input type="checkbox"/> 66b		
67	Excess social security and tier 1 RRTA tax withheld (see instr.)	67	
68	Additional child tax credit. Attach Form 8812	68	1,000.
69	Amount paid with request for extension to file (see instr.)	69	
70	Payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885	70	
71	Refundable credit for prior year minimum tax from Form 8801, line 27	71	
72	Add lines 64, 65, 66a, and 67 through 71. These are your total payments	72	6,055.

Refund

Direct deposit? See instructions and fill in 74b, 74c, and 74d, or Form 8888.

73	If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpaid	73	6,055.
74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	74a	6,055.
b	Routing number 063000021	c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number 1010087215564		
75	Amount of line 73 you want applied to your 2008 estimated tax	75	

Amount You Owe

76	Amount you owe. Subtract line 72 from line 63. For details on how to pay, see instructions	76	
77	Estimated tax penalty (see instructions)	77	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ Yes. Complete the following. ☒ No

Designee's name Phone no.

Personal identification number (PIN)

Sign Here

Joint return? See instr. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number
<input type="text"/>	<input type="text"/>	A/C TECHNIITIAN	863-648-2483
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	
<input type="text"/>	<input type="text"/>	ACCOUNTANT	

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN
ANDRES LOPEZ ALVARADO	03/18/2008		P00780348
Firm's name (or yours if self-employed), address, and ZIP code	EIN		
AA ACCOUNTING & TAX APARTADO 1750 Juana Diaz PR 00795-	787-847-1838		